2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90031 045 ****61.25

DOCUMENT # N06524

1. Entity Name

COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
645 COMPASS LAKE DRIVE ALFORD FL 32420-9172	645 COMPASS LAKE DRIVE ALFORD FL 32420-9172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2487783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOODLEY, JOHN C % COMPASS LAKE DRIVE 645 COMPASS LAKE DRIVE ALFORD FL 32420	Name: Toole, Brenda S. Street Address (P.O. Box Number is Not Acceptable): c/o Compass Lake POA 645 Compass Lake Drive City: Alford, **FL** Zip Code: 32420

Toole, Brenda, S.
c/o Compass Lake POA
645 Compass Lake Dr.
Alford, Fl. 32420

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Brenda S. Toole Brenda S. Toole 1-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAFFANEY, CHERYL 3630 PINE STREET MARIANNA FL 32448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	INC INCE, FREDERICK 905 DEVILS COURT ALFORD FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODLEY, JOHN C 3163 COLLEGE STREET MARIANNE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Toole, Brenda, S. PO Box 232 Marianna, Fl. 32448 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POPE BRUNETT, TRUDY 3475 ELM ROAD MARIANNA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Brown, Linda 3593 NW Baker Rd Altha, Fl. 32421 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHULER, DEBBIE 1088 EDISON AVE ALFORD FL 32470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steffen, Marvin 990 Putnam Ave Alford, Fl. 32420 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-PRESIDENT KUMMER, RICHARD 2609 ARPANO CIRCLE ALFORD FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Pope, C.K. 20727 NW Lamb Eddy Rd Altha, Fl. 32421 ☐ Change ☒ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda S. Toole SIGNATURE REQUIRED 1-28-02 (850) 579-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #